

Health, Welfare, Public Service  
00-56  
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016316

STATE FILE NUMBER

FILED MAY 8 1959		Registration District No. 317		Primary Registration District No. 500		Registrar's No. 1141	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Colorado b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Pubelo 80508	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 735 Kerth Rd.				Length of stay in lb 4 mo. 5 da		d. STREET ADDRESS Don-K Ranch (If outside, give location)	
Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last ANN KOENIG				4. DATE OF DEATH Month Day Year April 24, 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 4, 1958	
9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months Days Hours Min. 4 20		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Pubelo, Colorado				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Don Koenig				14. MOTHER'S MAIDEN NAME Bonnie Franker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Verna Fuller, 735 Kerth Rd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure, acute DUE TO (b) Sepsis, acute (probably viral) DUE TO (c) Congenital malformation of heart CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Meningitis INTERVAL BETWEEN ONSET AND DEATH few hours 6 days Congenital							
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12/28/58 to 4/19/59 and last saw her alive on 4/19/59 Death occurred at 4:08 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Max Breiter M.D.				22b. ADDRESS 8515 Delmar		22c. DATE SIGNED 4/24/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 27, 1959		23c. NAME OF CEMETERY OR CREMATORY LOCAL		23d. LOCATION (City, town, or county) (State) Pubelo, Colorado	
24. FUNERAL DIRECTOR ADDRESS Ambruster Mortuary, 6633 Clayton Rd.				25. DATE RECD. BY LOCAL REG. 4-27-59		26. REGISTRAR'S SIGNATURE J. P. Murphy, M.D.	

(Licensed Embolmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
[Signature]

Licensed Embalmer No. 46

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.